PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

				OI LUA	(0)	23. 7707 46 1	15 751	- 1- 1 Harrish 6 oh	ould be completed when	
INSTRUCTIONS: This appropriate. All further indicated unless corrected maintenance fee notifical	form should be used for correspondence including and below or directed other tions.	or transm g the Pat erwise in	itting the ISSU ent, advance or Block 1, by (a	E FEE and PUBLIC ders and notification) specifying a new c	orresp	oondence address;	and/or	(b) indicating a separ	ate "FEE ADDRESS" fo	or
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
21839 7590 12/03/2009						Com	ificata	of Mailing on Transc	niccion	
POST OFFICE	INGERSOLL & I BOX 1404 , VA 22313-1404	ROON	EY PC		I here State addre trans	eby certify that the es Postal Service we essed to the Mail emitted to the USP	is Fee(s) with suff Stop I IO (571	Transmittal is being icient postage for first SSUE FEE address) 273-2885, on the date	deposited with the Unite class mail in an envelor above, or being facsimite indicated below.	ed pe lle
									(Depositor's name	e)
									(Signature	c)
									(Date	e)
APPLICATION NO. FILING DATE			FIRST NAMED INVE			TOR ATTO		RNEY DOCKET NO.	CONFIRMATION NO.	
				Jean-Michel Bernardon			1034227-000650 1815			
10/718,538 TITLE OF INVENTION	J: NOVEL VITAMIN D	ANALO(GS							_
APPLN, TYPE	APPLN. TYPE SMALL ENTITY		E FEE DUE	PUBLICATION FEE DUE		PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1510	\$300		\$0		\$1810	03/03/2010	
	EXAMINER		RT UNIT	CLASS-SUBCLAS	s]				
OAZI, SABIHA NAIM 1612				514-167000						
1. Change of correspondence address or indication of "Fee Address" (37				2. For printing on the patent front page, list BUCHANAN INGERSOLL						
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a						
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3						
3. ASSIGNEE NAME A	AND RESIDENCE DAT	А ТО ВЕ	PRINTED ON	THE PATENT (print	or ty	pe)		1 . 'C' 11 -1	soument has been filed	for
PLEASE NOTE: Un	nless an assignee is iden th in 37 CFR 3.11. Com	tified bel	ow, no assignee this form is NC	data will appear on T a substitute for fili	the p	atent. If an assignassign	nee is io	ientified below, the d	ocument has been theu	101
(A) NAME OF ASS	data will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
	ERMA RESEARCH	& DEV	ELOPMENT	BI	OT,	FRANCE				
Please check the approp	oriate assignee category o	r categori	es (will not be p	rinted on the patent)		Individual 🛂 🤇	Corporat	ion or other private gr	oup entity Governme	ent
4a. The following fee(s)				b. Payment of Fee(s)	(Ple			viously paid issue fee		
Isaue Fee				A check is enclosed.						
Publication Fee (No small entity discount permitted)				Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).						
Advance Order - # of Copies5				overpayment, to	Dep	osit Account Num	per <u>02</u>	-4800 (enclose	an extra copy of this form	1).
5. Change in Entity St	atus (from status indicatoms SMALL ENTITY sta	ed above)	7 CFR 1 27	☐ b. Applicant is	no lor	nger claiming SMA	ALL EN	TITY status. See 37 C	CFR 1.27(g)(2).	
NOTE: The Issue Fee s	and Publication Fee (if re	onired) w	ill not be accept	ed from anyone other	than	the applicant; a re	gistered	attorney or agent; or	he assignee or other part	y in
interest as shown by the	e records of the United St	ates Pate	nt and Trademar	K Office.						
Authorized Signatur	 		Date							
Typed or printed na	Registration No. 22716									
This collection of infor	mation is required by 37 entiality is governed by 3 ted application form to the	CFR 1.31 5 U.S.C. ne USPTO	1. The informat 122 and 37 CFF D. Time will van	ion is required to obta 1.14. This collection y depending upon the	ain or n is es e indi	retain a benefit by stimated to take 12 ividual case. Any	the pub minute commer	blic which is to file (and the sto complete, included that on the amount of the story of the sto	nd by the USPTO to proc ing gathering, preparing, ime you require to comp	ess) and olete

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any confinents on the amount of this year tegral to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.